

Claims Clues

A Publication of the AHCCCS Claims Department

August, 2004

HealthCare Connect to Assist Maricopa County Residents with Health Care Needs

You too can make a difference! Join your colleagues in making sure no one is left behind when it comes to health care! Most uninsured residents will forego medical treatment until their condition is acute or it is too late to intervene.

HealthCare Connect is a comprehensive and coordinated system of affordable health care for the uninsured, low-income residents of Maricopa County whose income levels are too high to qualify for Arizona Health Care Cost Containment System (AHCCCS) yet neither they, nor their employer, can afford the high premiums of traditional health insurance coverage. This program bridges the health care gap for people whose income levels are from 100% to 250% of the Federal Poverty Level. There are approximately 200,000 residents in Maricopa County that are currently uninsured, 84% of those adults work either all or part-time.

All potential enrollees will be screened for eligibility in any of the public health programs through a web-based screening tool, Health-e-Arizona. Enrollees not eligible for public programs would be enrolled into HealthCare Connect if the enrollee meets the eligibility requirements. To be eligible an enrollee must be a resident of Maricopa County, must not be eligible for any public or employer sponsored health care coverage and their income level must be between 100% and 250% of the Federal Poverty Level. There are no age restrictions and no exclusions for pre-existing conditions.

At the time of enrollment, members will be required to select a medical home (Primary Care Provider) who will oversee and coordinate that member's total health care needs. HealthCare Connect will provide a network of community minded specialty care physicians, hospitals and other health care providers the Primary

Care Provider can refer to who will provide services to HealthCare Connect members at discounted rates.

As a participating provider with HealthCare Connect, you can reverse the trend of foregoing medical treatment until it is too late by helping the low-income, uninsured residents in your community receive the care they need, which ultimately helps the entire community. It's a perfect opportunity for physicians and hospitals to provide services greatly needed by this group, while still receiving compensation.

Act now and join your colleagues in participating in this revolutionary new program to make sure no one is left behind when it comes to health care. Contact HealthCare Connect at (602) 288-7558. ☐

Communication Center Changes Hours

The Communications Center is again changing the hours of operation. Effective September 5, 2004, the Communications Center will no longer be open on Sundays. The Communications Center will be open Monday - Friday, 7:00 a.m. to 9:00 p.m. and Saturday, 8:00

a.m. to 6:00 p.m. Providers are encouraged to use other methods of verifying AHCCCS recipient records; Interactive Voice Response (IVR): 1-800-331-5090 or 602-417-7200, Medifax: 1-800-444-4336, Plastic ID Cards – Envoy: 1-615-231-4989, or

WEB SITE:
www.ahcccs.state.az.us.
WEB Site Customer Support: 602-417-4451. Health Plans and Hospitals can now report newborn babies to the AHCCCS Newborn Unit during hours that we are closed via the Newborn WEB. This became effective July 2004. ☐

Selecting Electronic Payments Is Easy, Convenient

AHCCCS has made it easy for providers to begin receiving electronic fee-for-service reimbursement.

The electronic payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers.

The ACH payment method enables providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank.

BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA.

The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form.

The form is available on the AHCCCS Web site at www.ahcccs.state.az.us.

Click on Links for Plans and Providers. On the Quick Links for Health Plans & Providers page, click on Forms, then scroll down to the ACH Vendor Authorization Form.

The provider's financial

institution must complete Section 4 of the form. Submit the form to:

AHCCCS Finance Department
Mail Drop 5400
P. O. Box 25399
Phoenix, AZ 85002

AHCCCS Finance staff will complete Section 1 of the form to initiate the electronic payment process.

AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA.

On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account. Providers who have questions should call (602) 417-4052 or (602) 417-4543. ☐

Providers Urged To Prepare Educational Materials For FES Members

Although the agency does not encourage this practice, AHCCCS-registered providers may bill Federal Emergency Services (FES) members when AHCCCS has determined that the service did not meet the statutory definition of an emergency and has denied a

claim on that basis.

AHCCCS recommends that providers develop educational/informational materials that address potential liability for charges and amounts. These materials should be provided to FES members prior to service initiation.

AHCCCS is in the process of updating information that is distributed to FES members to make them aware of the benefit limitations and possible financial liability for services that exceed the FES benefit. ☐

AHCCCS Has A New Claims Administrator

Rebecca Fields has accepted the position of AHCCCS Claims Administrator. She joined AHCCCS in June 2001 as the Claims Operations Manager and has now been

promoted to Claims Administrator. She has nearly 20 years experience in claims. Effective August 2, 2004 she will assume overall responsibility for the operation of the Claims Department and its employees.

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Electronic Remit Available on Web

Providers who have completed the necessary registration and testing processes may download the HIPAA compliant 835 electronic remittance advice for paid and denied claims from a secure AHCCCS Internet Web site and store the remittance in either electronic or hardcopy format.

To create an account and begin using AHCCCS Online, go to the AHCCCS Home Page at <http://www.ahcccs.state.az.us>. Click on the Information for Providers link to go to the Providers page. A link on the Providers page allows providers to create a free account.

After gaining access to the AHCCCS Online Web site, providers must download a copy of a trading partner agreement (TPA) and the electronic remittance advice manual. The TPA must be submitted to the AHCCCS Electronic Claims Submission (ECS) Unit. The ECS Unit will validate the TPA.

Providers who have questions about this process may contact the ECS Unit at (602) 417-4706. After the TPA is validated, the provider must complete testing with AHCCCS prior to receiving a production 835.

To download a remittance, providers must click on the "Remits" link in the AHCCCS Online Main Menu on the left side of the page. If a provider has no available remittance files, the Electronic Remits page will be displayed with the message "No files available." If a provider has available remittance files, they will be listed on the Electronic Remits page.

To download a remittance file, providers must click the "Download File" link to the right of the filename corresponding to the file that the provider wishes to download. A popup box will appear on the screen. Providers must click the "Save" button, and a window will be displayed

allowing the provider to specify where the file should be saved. Providers will receive both an 835 remittance file of paid and denied claims and a supplemental file containing pending claims and additional data related to the paid and denied claims, for each applicable remittance date.

Once the remittance file(s) have been saved, they can be accessed and displayed in any text editor (Notepad, Wordpad, Winword, etc.). Remittance files are retained by AHCCCS Online for two weeks. After two weeks, they will no longer be available via AHCCCS Online.

To obtain an additional copy, providers must contact the AHCCCS Finance Department. Questions about the electronic remittance should be directed to the ECS Unit at (602) 417-4706 or (602) 417-4892. 